



Inspection Report on

Holly

**Highfield Park
Llandyrnog
Denbigh
LL16 4LU**

Date Inspection Completed

23 November 2021

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About Holly

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mental Health Care (Highfield Park) Limited
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

Overall, we found that people living at Holly receive good quality care and support from a caring staff team. Care documentation capture important information regarding people's emotional, physical and behavioural needs. There are opportunities to participate in activities, and people are encouraged to live a healthy lifestyle and are supported to be as independent as they can be. The Responsible Individual (RI) and the management team are committed in developing the service and working in partnership with others to improve and shape the future of the service. Further improvements are required in relation to medication management, staff training and people's en-suite bathrooms.

Well-being

Whenever possible, people are supported to have as much choice and control over their day-to-day lives. Care staff support people in the least restrictive way possible and in their best interests; the policies and systems in the service support this. Daily living skills are seen as important aspects of people's daily routine in order to achieve personal outcomes and increase independence. People are able to raise concerns and have access to an independent advocacy service. The service have recently introduced 'you said, we did' model of engagement. This tool is used by the service to demonstrate how they are going to improve, based on people's feedback.

Practices and processes in the home support people with their physical, mental health and emotional well-being. People are content and comfortable in their home and stated they are happy with the way they are supported and cared for. We observed the care and support being delivered in a positive, sensitive and respectful manner. Care Staff had meaningful interactions and have a caring attitude towards individuals. The staff team are responsive to people's specific needs and preferences. People are supported to maintain relationships that matter to them. Relatives told us about the arrangements in place for people to keep in touch with their families and spend time with them away from the service. Comments included *"it's been difficult with the pandemic but I knew X was safe at Holly"* and *"we are always kept well informed of any changes by the staff in the home"*.

People have specific risk assessments in place which overall are regularly reviewed. Where risks are identified, personal plans guide care staff to manage and reduce these risks. Our discussions with care staff confirmed they are aware of people's individual risks and how to minimise those risks. CIW are notified as required and referrals are made to the Local Authority safeguarding team if required. We saw the service had made applications to the relevant authorities as required under the Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support.

Care and Support

The staff team have a good understanding of people's individual needs, risks and how they want to be supported. The service considers a wide range of views and information, to confirm that the service is able to meet people's personal outcomes and support needs. The personal plans viewed contain detailed information. The discussions with care staff highlighted the information enables them to provide people with person centred care and support. When required appropriate referrals to health professionals are made in a timely manner. Records relating to professional consultation are kept and relevant communication is maintained to provide clear health records for individuals.

Relevant safeguarding procedures are in place. We saw people's body language and expressions indicated they felt safe and relaxed around the care staff who support them. Each person we spoke with said they feel safe at the home. Systems are in place to ensure people remain safe whilst promoting their independence. Care staff know how to raise a safeguarding concern and have received relevant training. The service has adult protection procedures in place, which include safeguarding, whistleblowing and complaints policies. It was noted that on one occasion, although procedures had been put into practice after an incident, the person's specific risk assessment had not been reviewed to reflect the changes. We discussed this with management who assured us it would be addressed.

Overall, improvements are required to ensure the service has safe systems for medication management. The Medication Administration Records (MAR) viewed during this inspection did not show administered medication is being correctly recorded on a consistent basis, including PRN medication. When raised with the management team, they could provide explanations of why some of these signature gaps had occurred, including one person being away with relatives. However, they could not provide any evidence that the concerns relating to these gaps had been identified by them or the staff team during medication audits. Prompt identification of a MAR gaps can reduce the risk of the person not receiving medication as prescribed and helps to keep the MAR accurate. Since the initial feedback provided changes have already been implemented to strengthen medication management and oversight at the service. We expect the provider to continue to take action and we will follow this up at the next inspection.

Environment

People receive care and support in a location and environment which overall promotes people's well-being. The location, design and size of the premises is suitable for providing a service as described in the Statement of Purpose (SOP). People have their own bedrooms, which are decorated sensitively in keeping with people's wishes, preferences and their care and support needs in mind. We saw some areas of the home were in need of redecoration as they looked tired and were showing signs of wear and tear. This included people's en-suite bathrooms. This area of improvement has already been identified during RI visits and in the latest quality of care review. This renovation has been hindered somewhat by the Covid-19 pandemic. Since the initial feedback, work has been started on the refurbishment of the en-suite bathrooms. We expect the provider to continue to take action and we will follow this up at the next inspection.

The service provider identifies and mitigates risks in relation to fire safety. The home has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Fire safety documentation is in place including emergency evacuation plans for each person living at the home. We reviewed staff training documentation, which evidenced all staff have completed fire safety. A desktop fire safety audit was completed on the 27 July 2021 by North Wales Fire and Rescue Service. The information supplied by the service was enough to decide that the premises did not require a site visit at the time.

The service promotes hygienic practices and manages risk of infection. An infection control policy is available to care staff. We observed good infection prevention and control practices amongst staff and management during our visit. The service have responded with a risk assessment specific to the Covid-19 pandemic. Care staff are happy with the current infection control procedures in place and discussions confirmed they are aware of the procedures in place. Personal protective equipment and cleaning products are available and are kept securely.

Leadership and Management

The service is provided in accordance with their SOP. The SOP accurately describes the current service arrangements it has in place regarding people's care and accommodation. Some minor amendments are needed to ensure it contains the correct information in relation to the governance arrangements in place by the service provider. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

People's needs are met in a timely and responsive way; however care staff and the management team are working additional hours on top of their contractual hours to ensure the service is staffed accordingly. Difficulties in recruitment in the care sector are recognised and the organisation are taking additional steps to address this. We strongly recommend that any progress in relation to staff recruitment is communicated to the staff team on a regular basis. The staff team have access to training, however numerous staff members are overdue their refresher and not all specialist training has been completed by staff. We discussed this with the RI and manager who assured us that training is an area that is being developed, especially around personal development, service specific and specialist training. We expect the provider to continue to take action and we will follow this up at the next inspection.

Overall, the staff team feel supported in their role. The service manager has a visible presence in the home and was described as "*very approachable*" and "*supportive*". Care staff contributing to this inspection felt able to discuss any concerns they may have with the service manager or deputy. Care staff receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained. We received a mixed response from the staff team regarding the support from senior management and the organisation as a whole. We discussed this during our feedback session and were assured this would be addressed. The staff team told us that team meetings have not been held on a regular basis and the staff meeting minutes we reviewed supports this statement. This does not provide an opportunity for care staff to talk about any issues they may have or share their views about improving the service.

Arrangements are in place for the effective oversight of the service through ongoing quality assurance processes. The RI and the senior manager are both visible and were described by staff as "*approachable*". Environmental checks and internal audits are completed with issues prioritised and actioned. A quality of care review is available to assess, monitor and improve the quality and safety of the service. Arrangements are in place to ensure the service remains financially sustainable, and is able to withstand the challenges the Covid-19 pandemic has brought upon the service.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
58	Medication management and oversight	New
36	Staff training including specialist training as required	New
44	En-suite bathrooms	New

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